

## **HAZARDOUS MATERIALS**

## **PERMIT APPLICATION**

Submittal Date	Permit #		Pl Ck #	
Project Address		Suite	APN	
Business Name/Project				
Describe Project in Detail				
<ul><li>☐ Installation of Associated Pip</li><li>☐ Removal of Tank and Association</li></ul>	ciated Components, New System oing and/or Other Regulated Compo		e 23 Compliance	
•	<b>K</b> , Modification of Aboveground Tan outs and Upgrades Requiring Conf		omponents	
CONTACT INFORMATION (*Mar	ndatory Fields)			
Contractor's Name*			State Lic # *	
Mailing Address			City Bus Lic # *	
Email Address			Phone*	
Applicant's Name*				
Mailing Address				
Email Address			Phone*	
Engineer/Architect			State Lic #	
Mailing Address				
Email Address			Phone*	
Owner's Name				
Mailing Address				
Email Address			Phone*	
I, the undersigned, understand approstatements contained herein, includir best of my knowledge.	val of this project does not waive an og all documents and plans submitte	y requirements, law d in connection with	s, or ordinances of the City of Ventura. this application, are true and accurate	All to the
Signature of Applicant/Owner			Date	

This document is available in alternate formats by calling the City of Ventura at 805/658-4717 or by contacting the California Relay Service.